

## Holly Tree Surgery (HTS)

### Patient Participation Group

*“Working together for best practice”*

#### Draft Minutes and Action Points for meeting held: 19 June 2015

#### 1. Introductions and apologies

Present: Mayonne Coldicott, Bill Elliott, Jane Elliot (Doctor), Mandy Hartfree-Bright, Chris James (Practice Manager), Bob Jones, David Kirk (Chair), Pam Shipp, My Spence (Virtual Group Co-ordinator), Caroline Stancell (Secretary)  
Apologies: Michael Haddleston, Christine Pointer

#### 2. Minutes of meeting held on 20 January 2015

The minutes were accepted without amendments

#### 3. Matters arising from meeting of PPG

- 3.1. The new members of the group were welcomed to the PPG (Mandy and Caroline).
- 3.2. Chris and Jane reconfirmed the surgery's desire to continue with a PPG even though it is no longer strictly required. The group is a useful conduit for patient voices. It also facilitates the annual patient survey which is required. The PPG is currently at full membership.
- 3.3. The minutes from the January 2015 PPG are in the surgery waiting room in a red folder for patients to look at. Chris felt this was a more effective way to draw them to patients' attention than to pin them to a notice board. We are unsure how much they are read, but the folder has moved around the waiting room. The minutes are also posted on the surgery website.
- 3.4. The Virtual Group (VG), although not very active, was also felt to be worthwhile. Enhancements to this group were discussed further as an agenda item.
- 3.5. David has contacted the PPG chairs of other Farnham based surgeries. All local surgeries have a PPG of some sort, and all confirmed that getting patients actively engaged with the PPG was a challenge.
- 3.6. Many PPG chairs don't attend the NEHF PPG meetings, although David has started to attend. The aim of the NEHF PPG is quite different from that of the local PPGs so perhaps some PPG chairs do not see a role for themselves in the meetings. The agenda is also quite complex and may therefore be difficult for some PPG chairs. Nonetheless, Jane felt that the NEHF PPG meetings had relevance and a number of very capable members. David confirmed his intent to continue attending the NEHF PPG meetings when possible.

#### 4. Survey Results

Survey results were circulated prior to the meeting. The 100 Patients, who responded to the survey and whose results were available for analysis through Survey Monkey, were overwhelmingly positive about the Surgery. Patients are passionately in favour of the walk-in system and would be very disappointed if it changed. The only two items, where surveyed patients expressed some lack of satisfaction, were around **opening hours** and use of the **dispensary**.

#### 4.1. Opening hours

More than 65% of survey respondents found opening hours to be excellent or very good. Most of the verbatim responses submitted, however, were negative, often related to restricted access for those who work. Requests were for a late night opening at least one day a week or a Saturday morning surgery. Bearing in mind that more than 60% of survey respondents were of 65 years of age or over, this may be a larger issue than the survey indicates for working age patients.

Chris and Jane acknowledged the issue, but could not see a way to extend surgery hours in the foreseeable future. Setting up a rotation of practice doctors to take a Saturday morning surgery, while there was no specific funding for this, would only make the doctors unavailable for core opening hours. Therefore, it was seen as robbing Peter to pay Paul. If funding was brought in, the practice could seek to add an additional Doctor, although finding one, might not be easy.

#### 4.2. Dispensary

Survey respondents understand that the surgery is not responsible for the rule which prevents patients living within a mile of a Pharmacy from collecting prescriptions from the Surgery. Nonetheless, there is dissatisfaction with the rule, with respondents describing it as madness.

#### 4.3. Survey Participation

The surgery has approximately 5800 patients, around 4500 of which are adults. If we want to achieve a reasonable statistical confidence in the results we are likely to need around 350 respondents. (CS to confirm). We had **142** responses this year, but because we were using a free version of Survey Monkey the system discarded all but the first 100 responses. (CS to investigate alternative e-survey programmes). Efforts need to be made to increase both the overall number of survey respondents as well as to get higher participation from younger patients. Ideas were discussed to increase participation:

- 4.3.1. The virtual group is the most straight forward way to reach patients.  
We should continue to grow membership of this group
- 4.3.2. A Facebook event could be used to notify younger surgery members of the survey
- 4.3.3. Streetlife is a useful platform to advertise both the virtual group and the survey.
- 4.3.4. Members of the PPG attending the flu clinics and personally distributing surveys would reach a large number of patients. The young children's flu clinics would reach mothers and potentially fathers, who rarely attend the surgery, if they took news of the survey home.
- 4.3.5. The surgery newsletter can publicize the survey
- 4.3.6. The 2015/2016 Survey should be complete by January. Target time for launching the Survey is October. Questions will need to be finalized at the September PPG meeting.

### 5. Enhancements to the virtual PPG

5.1. Tactics listed above to increase survey participation can equally be used to drive membership of the Virtual Group. It currently has around 240 members.

5.2. Further tactics discussed to drive Virtual Group membership included:

- 5.2.1. Mumsnet

5.2.2. Advertising in parish and other local magazines.

5.2.3. Placing an A2 size poster at a couple of locations in the surgery with an attention grabbing headline like “Your Surgery Needs You!” or “Save the Walk-in System at our Surgery.” The poster should direct people to join the Virtual Group and should be in place by end of August. Need to circulate ideas for headline and suitable graphic. **(All)**. **MHB** volunteered to help with laying the poster out for printing, once an idea and graphic was selected.

## **6. Any Other Business**

**6.1.** An updated PPG members contact list should be produced **(CS)**. Those who are happy to have their phone numbers circulated should provide them to David **(All)**

**6.2.** The surgery is hoping to make wifi available to patients who are waiting to see a doctor. The PPG felt this would be valued by patients.

**6.3.** Set up dropbox for PPG members to use to store documents, etc **(DK)**

## **7. Date of next meeting**

Provisionally set 18<sup>th</sup> September 2015 at 1.45pm

Action: check with those not present and Chris / Jane **(DK)**

## **Useful Acronyms:**

PCT = Primary Care Trust (defunct)

PBCG = Practice Based Commissioning Group (defunct)

CCG = Care Commissioning Group

NEHF = North East Hampshire and Farnham

VG = Holly Tree Virtual PPG

**19 June 2015**